

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>						<small>SERIAL NO.</small> <div style="text-align: right; font-size: 1.2em; font-weight: bold;">09/646579</div>		<small>FILING DATE</small> <div style="text-align: right; font-size: 1.2em; font-weight: bold;">11/24</div>	
						<small>APPLICANT(S)</small>			
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIM		TOTAL CLAIM		TOTAL CLAIM		TOTAL CLAIM		TOTAL CLAIM	